

Milford Community School Use Program  
Summer Day Camp  
31 West Fountain Street, Milford, MA

**MEDICATION ADMINISTRATION AUTHORIZATION  
For Prescription and Non Prescription Medication**

Camper: \_\_\_\_\_ D.O. B. \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO BE COMPLETED BY LICENSED MEDICAL PRESCRIBER**

Medication \_\_\_\_\_ Dose/Route \_\_\_\_\_ Time \_\_\_\_\_ Interval \_\_\_\_\_

Tablet/Capsule \_\_\_\_\_ Liquid \_\_\_\_\_ Inhaler \_\_\_\_\_ Injection \_\_\_\_\_ Nebulizer \_\_\_\_\_ Other \_\_\_\_\_

Diagnosis for which medication is prescribed: \_\_\_\_\_

Start date: \_\_\_\_\_ Discontinuation date: \_\_\_\_\_

Significant side effects, precautions: \_\_\_\_\_

Other medications taken by student: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

At the discretion of the parent, licensed provider and camp nurse, students in grades K-7 can be evaluated for self administration of certain medications. Consent for self administration: YES \_\_\_\_\_ NO \_\_\_\_\_  
*No student may carry or self administer any psychotropic or controlled medication.*

Printed Name of Licensed Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Licensed Provider \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

I REQUEST THAT THE ABOVE MEDICATION BE ADMINISTERED TO MY CHILD AS PRESCRIBED, BY A NURSE OR TRAINED DESIGNEE. **I WILL BRING THE MEDICATION IN THE ORIGINAL, PROPERLY LABELED CONTAINER, WILL KEEP A DOSAGE COUNT AT HOME, AND WILL DELIVER REFILLS AS NEEDED.** I understand that any medication not picked up by the last day of camp will be destroyed.

Permission to share this information with appropriate camp staff: YES \_\_\_\_\_ NO \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Care Consultant Signature \_\_\_\_\_ Date \_\_\_\_\_

Disposition of medication: Finished \_\_\_\_\_ Returned to parent \_\_\_\_\_ Disposed \_\_\_\_\_